

APPENDIX I--NOTIFICATION FOR UNDERGROUND STORAGE TANKS Form No. I (6/99)

Solid and Hazardous Waste Branch, 919 Ala Moana Blvd., Room 212, Honolulu, Hawaii 96814

REASON FOR NOTIFICATION (Check all that apply)

☐ New Notification ☐ Change of Owner ☐ Change of Operator ☐ UST Closure (temporary & permanent)
☐ Modification. Specify _____ Other: _____

STATE USE ONLY

Facility ID Number _____ Date Received _____
 Date Entered into Computer _____ Data Entry Clerk Initials _____

Please type or print in ink all items except "signature" in section XIII. This form must be completed for each location containing underground storage tanks. For tanks requiring a permit use Form #'s II and III.

I. LOCATION OF TANK(S)

Facility Name or Company Site identifiers, as applicable Location Contact _____

Location Address (P.O. Box not acceptable) Location Phone # (w/ area code) Fax # (w/ area code) _____

City State Zip Code Island Tax Map Key # _____

II. CONTACT PERSON IN CHARGE OF TANK(S)

Name Job Title Address _____

Phone # (with area code) Fax # (with area code) _____

III. OWNER OF TANK(S) (If same as Section I, check here ☐)

Owner Name (Corporation, Individual, Public Agency, or Other Entity) _____

Mailing Address _____

City State Zip Code Phone # (w/ area code) Fax # (w/ area code) _____

IV. OPERATOR OF TANK(S) (If same as Section I, check here ☐)

Operator Name (Corporation, Individual, Public Agency, or Other Entity) _____

Mailing Address _____

City State Zip Code Phone # (w/ area code) Fax # (w/ area code) _____

V. TYPE OF OWNER

☐ Federal Government--Military ☐ Federal Government--Non-Military ☐ State Government
☐ Local Government ☐ Marketer ☐ Non-Marketer

VI. TYPE OF FACILITY (Select the appropriate facility description)

☐ Airline ☐ Auto Dealership ☐ Baseyard ☐ Car Rental ☐ Cleaner/Laundromat ☐ Communication Sites
☐ Contractor ☐ Farm ☐ Fire Station ☐ Gas Station ☐ Golf Course ☐ Hospital
☐ Petroleum Distributor ☐ Police Station ☐ Residential ☐ Resort/Hotel ☐ School
☐ Service Centers/Auto Repair/Maintenance ☐ Trucking/Transporter ☐ Utilities
☐ Wastewater Treatment Plants ☐ Wholesaler/Retailer ☐ Other (Explain) _____

VII. FINANCIAL RESPONSIBILITY (Check all that apply)

☐ Self Insurance ☐ Commercial Insurance ☐ Risk Retention Group ☐ Guarantee ☐ Surety Bond
☐ Letter of Credit ☐ Trust Fund ☐ Exempt: State or Federal Agency
☐ Other Method Allowed (Specify) _____

VIII. DESCRIPTION OF TANK(S) (Complete for each at this location)

Tank Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Status of Tank (Mark only one)					
A. Currently in Use					
B. Temporarily Out of Use (Also complete Section IX)					
C. Permanently Out of Use (Also complete Section IX)					

2. A. Date of Installation (mo./year)					
B. Date of Activity (Modification, Change in owner, etc.) (mo./day/year)					
3. Estimated Total Capacity (gallons)					
4. Substance Currently or Last Stored in Greatest Quantity by Volume					
A. Gasoline					
B. Diesel					
C. Gasohol					
D. Kerosene					
E. Used Oil					
F. JP-4					
G. Non-Petroleum Hazardous Substance (CERCLA name and/or CAS #)					
H. Mixture of Substances, Please specify					
I. Other, Please specify					
5. Substance Compatible with Tank and Piping (Y/N)					
6. Tank (Mark all that apply)					
A. Primary Containment Material or Single Walled Tank					
i. Fiberglass reinforced plastic (FRP)					
ii. Steel					
iii. Other, Please specify					
B. Secondary Containment Material					
i. Double walled					
a. FRP					
b. Steel					
c. Other, Please specify					
ii. Other secondary containment					
a. FRP					
b. Other, Please specify					
iii. None					
C. Corrosion Protection (except FRP tanks)					
i. Fiberglass coated steel					
ii. Double walled steel					
iii. Impressed current system					
iv. Sacrificial anode system					
v. Corrosion expert determination					

[illegible]

[illegible]

IX. TANK(S) OUT OF USE OR CHANGE IN SERVICE

Tank Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Closing of Tank					
A. Estimated date last used (mo./day/year)					
B. Estimated date tank closed (mo./day/year)					
C. Tank was removed from ground					
D. Tank was closed in ground					
E. Tank filled with inert material Describe					
F. Change in service					
2. Site Assessment Completed (Y/N)					
3. Evidence of a Leak Detected (Y/N)					

X. FACILITY DRAWING

Include a drawing showing the general layout of the facility. This drawing should be no larger than 11 by 17 inches and preferably to scale.

This drawing should show the following:

- A. The property boundaries of the facility;
- B. Identification of streets, roads and nearby bodies of water;
- C. Identification of nearby facilities;
- D. Tax Map Key (TMK) Numbers;
- E. Location of buildings at the facility;
- F. The approximate dimensions of the property boundaries and major buildings;
- G. Location of all USTs (identified by number consistent with the tank numbers in Sections VIII - IX), dispenser pumps, and associated pipings; and
- H. Indication of North/South direction.

XI. LOCATION MAP

Include a map showing the location of the tanks with respect to nearby landmarks. The map should indicate roads and landmarks to a level of detail such that the site would be easily located.

XII. CERTIFICATION OF COMPLIANCE FOR MODIFIED TANKS (Complete for each at this location)

Tank Number	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____	Tank No. ____
1. Installation					
A. Installation certified by tank and piping manufacturers					
B. Installation inspected by a registered engineer					
C. Installation inspected and approved by the department					
D. Manufacturer's installation checklists have been completed and documented					
E. Another method allowed by the department. Please specify					

XIII. CERTIFICATION (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Name of owner or owner's authorized representative (Print or Type) Official Title

Signature Date Signed

Status of Signatory (Mark as appropriate)--

1. Corporation: ☐ principal executive officer
 ☐ duly authorized representative
2. Partnership: ☐ general partner
3. Sole proprietorship: ☐ proprietor
4. Government entity: ☐ principal executive officer
 ☐ ranking elected official
 ☐ duly authorized employee